**Artificial Pneumothorax.**—Leut (*Jour. Amer. Med. Assn.*, 1915, lxiv, 1973) sums up the indications for and the contraindications against the induction of an artificial pneumothorax for the treatment of pulmonary tuberculosis. He says that the ideal case is one in which the disease is limited to the upper portion of one lung, an acute progressive condition, generally with signs of softening, but which has not responded to the usual therapeutic measures. The treatment is indicated in cases with marked involvement of one lung, with a moderate infiltration of the opposite lung, preferably the apex. Artificial pneumothorax has often given brilliant results in cases of severe and uncontrollable hemorrhage. Some cases of pulmonary tuberculosis complicated by pleurisy with effusion, offer an excellent opportunity for giving compression treatment. Lung abscesses and bronchiectasis are occasionally benefited. Complications, such as tuberculous laryngitis or enteritis, may improve if the patient is doing well otherwise. The chief contraindications are as follows: An extensive or progressive lesion in the opposite lung, or a disseminated miliary tuberculosis would preclude the gas treatment. The treatment would not be justifiable in patients even though far advanced who are doing well under the usual therapeutic measures. Generally, basal lesions in the opposite lung are contra-indications and are less favorable in the collapsed lung. Endocarditis and nephritis would lessen the chances of recovery in proportion to their severity. While dense pleural adhesions could not, strictly speaking, be considered contra-indications, they are nevertheless the chief cause of a large percentage of failures. Lent notes some of the complications that may follow the induction of artificial pneumothorax. Pleurisy with diffusion may occur in as high as 50 per cent. of the cases. This complication, though rarely serious, is an annoying one. The fluid persists for a long time, but generally should not be removed unless causing serious symptoms. The fluid may then be withdrawn and nitrogen gas introduced in its place. Tuberculous pyopneumothorax occurs in a small percentage of these effusions, but does not necessarily give a bad prognosis under the expectant treatment. Some cases of secondary infections have been reported, in which cases the outlook must be regarded as very serious. Numerous cases of shock following the operation have been reported. This can probably be avoided by careful cocainization of the tissues and by a preliminary injection of morphin. The danger of gas embolism is remote with proper technique. Emphysema, superficial or deep, may be encountered, but rarely produces any serious symptoms. Puncture of the lung followed by slight bleeding, may occur, but generally does not give rise to any serious symptoms. Dilatation of the heart is a serious complication, and is usually due to too great intrathoracic pressure. Care in gradually inducing the pneumothorax to permit the heart to accommodate itself to the increased pleural pressure should obviate this possibility. More or less severe pain caused by breaking up of pleural adhesions may also be mentioned among the complications. In his conclusions, Leut states that it is most gratifying that at last we have a rational treatment that may be used in the far-advanced cases. A comparatively few years ago symptomatic treatment, with the hope of temporary relief, was the only one given. The present status of artificial pneumothorax is that in a fair percentage of these hopeless cases we can offer either an arrest of the disease, or a chance of returning to good health. The procedure is attended with slight dangers, but these are insignificant as contrasted with the fatal outcome if the disease is allowed to go on unchecked. The duration of treatment is a question offering the greatest problem. It is impossible to determine whether the tuberculous foci in the collapsed lung have become entirely cicatrized, even though the patient is clinically well. It is far better to continue the treatment for an indefinite period, extending over years, than to discontinue the compression and discover after a few months that the disease is becoming active again, and when an attempt is made to readminister gas, that the layers of the pleura are densely adherent.

**The Treatment of Leukemia.**—HAHN (*Therap. Monatsh.*, 1914, xxviii, 555) says that during the past few years there has been a greatly increased literature dealing with the treatment of leukemia and that considerable discrepancy of opinion exists among different observers. From a study of the literature and his own observations the author gives his views regarding the present status of the treatment of leukemia. He believes that leukemia should be vigorously treated only where there is a severe and progressing anemia, the presence of large leukemia tumors or a great increase of the white cells. It is now recognized that many cases of leukemia suddenly show a marked aggravation of the disease even when apparently doing very well under some form of treatment. The relapse in such a case may prove far worse than the disease originally was when treatment was begun. With regard to the different methods of treatment, the author states that the Roentgen-rays seem to check the activity of the tissues producing white blood cells, but overdosage may prove fatal, and too small doses may actually stimulate the production of white cells. The stimulating effects of Roentgen-rays on the production of white cells have been observed in professional roentgenologists; Kimecke has recently reported six cases of leukemia developing in Roentgen-ray workers as a result of long-continued exposure to the rays. Hahn advises systematic exposure of every accessible gland in lymphatic leukemia, but in myeloid leukemia exposure of the enlarged spleen alone is effectual. In cases resistant to the treatment, benefit may be obtained by exposing the long bones of the legs between series of other exposures. He notes a marked improvement in 75 per cent. of his cases, while the others were not influenced. Béclère has reported no failures in 12 lymphatic and 93 myeloid cases and still others report very favorable results. Lymphatic leukemia seems less influenced by roentgenotherapy than myeloid leukemia, and almost invariably relapses. The effect of radioactive substances seems to be very similar to that derived from the Roentgen-rays. Radio-active substances fail in about 20 per cent. of the cases, according to the cases reported in the literature. Hahn found a great difference of opinion regarding beneficial effects of benzol therapy. He says it should not be given with coexistent disease of the liver or kidneys or when catarrhal intestinal inflammation exists. The consensus of opinion is that its use should not be continued till the leukocytes fall to normal numbers but that it should be discontinued when the leukocytes have dropped to 20,000 or 25,000. Hahn says